Immigration and Naturalization Service

## FORM G-325A **BIOGRAPHIC INFORMATION**

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	y name) (First name) (Middle na				BIRTHDATE (MoI	Day-Yr.)	NATIONALITY		FILE NUMBER				
ALL OTHER NAMES USED	(Including names by pr	revious marriages)		CITY AND CO		CIAL SECURIT	Y NO.						
				(If any)									
	FAMILY NAME	FIRST NAME	DATE, CITY A	ND COUNTRY OF E	SIRTH (If known)	CIT	Y AND COUNTRY	OF RESIDE	ENCE				
FATHER MOTHER (Maiden name)													
HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give maio		RST NAME	BIRTHDATE (	CITY & COUNTRY	OF BIRTH	DATE OF MAR	RIAGE	PLACE OF MA	ARRIAGE			
FORMER HUSBANDS OR WIV	,												
FAMILY NAME (For wife, give	maiden name)	FIRST NAME	BIRTHDATE	DATE & PLA	CE OF MARRIAG	E DATE	AND PLACE OF 1	ERMINATI	ON OF MARRI	AGE			
APPLICANT'S RESIDENCE	I ACT FIVE VEARS	LIST DESENT	ADDRESS EII	DOT			FRO	NA.	ТС				
STREET AND		CIT		PROVINCE OR STA	ATE (	COUNTRY	MONTH	YEAR	MONTH YEAR				
									PRESENT TIME				
APPLICANT'S LAST ADDRI					ROM		)						
STREET AND	NUMBER	CIT	Y	PROVINCE OR STA	ATE (	COUNTRY	MONTH	YEAR	MONTH	YEAR			
APPLICANT'S EMPLOYME	NT LAST FIVE YEAR	RS. (IF NONE, SO	STATE.) LIS	T PRESENT EMP	LOYMENT FIR	RST	FRO	M	TO	)			
FULL NAME AND ADDRESS C	F EMPLOYER				OCCUPATIO	N (SPECIFY)	MONTH	YEAR	MONTH	YEAR			
									PRESENT	ГТІМЕ			
Show below last occupa	ion abroad if not she	own above. (Inclu-	de all informa	tion requested ab	ove.)				,				
THIS FORM IS SUBMITTED IN	CONNECTION WITH A	ODLICATION FOR:	SICN	IATURE OF APPLIC	ANIT			DA		<u> </u>			
NATURALIZATION		RMANENT RESIDEN		IATURE OF APPLIC	ANI			DA	.16				
OTHER (SPECIFY):													
Are all copies legible	If you	If your native alphabet is other than roman letters, write your name in your native alphabet here:											
PENALTIES:	SEVERE PENALTIES A	RE PROVIDED BY L	AW FOR KNO	WINGLY AND WILL	FULLY FALSIFYIN	NG OR CONC	EALING A MATERI	AL FACT.					
APPLICAN		E SURE TO					RATION NU	MBER	IN				
VL L T T CVI	<b>-</b> • ⊤	HE BOX OU	ILINED	SY HEAVY E	SOKDEK B	ELOW.							
COMPLETE THIS BOX (Family	Mana A	(Given name)		Middle name)		/AE	tration number)						

## FORM G-325A **BIOGRAPHIC INFORMATION**

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	(First name)	(First name) (Middle na			ame)			(MoDay-Yr	r.) NATIONALITY			FILE NUMBER A-					
ALL OTHER NAMES USED	HER NAMES USED (Including names by previous marriages)							CITY AND COUNTRY OF BIRTH									
FATHER MOTHER (Maiden name)	FAMILY NAME	FIRST NAME	DATE, CIT	TY AND C	OUNTRY O	F BIRT	TH (If kno	own)	CITY A	AND COUNTRY (	OF RESID	ENCE					
HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give mai	FIRST NAME	BIR	THDATE CITY & COUNTRY OF			NTRY OF BI	BIRTH DATE OF MARRIA		RIAGE	GE PLACE OF MARRIAGE						
	AW (50 ///																
FAMILY NAME (For wife, g		FIRST NAME	BIRTHD	DATE	DATE & P	LACE	OF MAR	RIAGE	DATE A	ND PLACE OF T	ERMINAT	TION OF MARRI	AGE				
ADDI IOANITIO DEGIDENI		LICT DDECENT	ADDDECC	FIDOT						- EDOI		T 7/	<u> </u>				
APPLICANT'S RESIDENCE STREET A	DE LAST FIVE YEARS  ND NUMBER		ITY	1	VINCE OR S	STATE	<u> </u>	COUN	TRY	FROI MONTH	YEAR	MONTH	YEAR				
												PRESENT TIME					
APPLICANT'S LAST ADD	RESS OUTSIDE THE	UNITED STATE	S OF MOR	 RE THAN ONE YEAR						FROI	M	TO					
STREET A	ND NUMBER	С	ITY	PRO	VINCE OR S	STATE	=	COUN	TRY	MONTH	YEAR	MONTH	YEAR				
ADDI ICANITIC EMPLOYA	ACNIT LACT CIVE VEAL	DC (IE NONE C	O STATE )	LICT DD	COUNT O	MDI C	DVMENT.	T FIDOT		FDO							
APPLICANT'S EMPLOYN FULL NAME AND ADDRESS		KS. (IF NONE, S	J STATE.)	LIST FR	ESEIVI EI	VIFLC		PATION (SP	ECIFY)	FROM MONTH	YEAR	MONTH	TO H YEAR				
								(2)				PRESEN					
Show below last occu	pation abroad if not sh	own above. (Incl	ude all info	rmation	requested	abov	e.)										
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THIS FORM IS SUBMITTED  NATURALIZATION		PPLICATION FOR: RMANENT RESIDE		SIGNATU	RE OF APP	LICAN	IT				DA	ATE					
OTHER (SPECIFY):  Are all copies legit	ole? X Yes		If	your nativ	ve alphabet	is othe	er than ro	man letters,	write your	name in your nat	tive alphat	oet here:					
	S: SEVERE PENALTIES A	ARE PROVIDED BY	LAW FOR K	KNOWING	LY AND WI	LLFUL	LLY FALS	SIFYING OR	CONCEA	LING A MATERIA	AL FACT.						
APPLICA		SE SURE TO								ATION NUI	MBER	IN					
COMPLETE THIS BOX (Far		(Given name)	TENTE		le name)	ВС	INDLI			tion number)							
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	,			ŕ						FICE CODE	-		,				
										PE OF CASI	E:						
Form G-325 A (Rev. 1	10-1-82)	(2)	Rec Br														

## FORM G-325A BIOGRAPHIC INFORMATION

OMB No. 1115-0066 Approval expires 4-30-85

(Family name) (First r	(First name) (Middle na			ne)			(MoDay-Yr.	r.) NATIONALITY			FILE NUMBER				
ALL OTHER NAMES USED (Including na		CITY AND (	COUNT	RY OF	BIRTH				CIAL SECURIT	Y NO.					
FAMILY	NAME FIF	RST NAME	DATE, CI	TY AND C	OUNTRY O	FBIRT	H (If kn	own)	CITY	AND COUNTRY	DF RESIDE	ENCE			
FATHER MOTHER (Maiden name)															
HUSBAND(If none, so state) FAMILY (For wife WIFE	NAME , give maiden n	ame)	FIRST NAME	BIR	RTHDATE	CITY	& COL	JNTRY OF BII	RTH	DATE OF MARI	RIAGE	PLACE OF MA	ARRIAGE		
FORMER HUSBANDS OR WIVES (If none, s FAMILY NAME (For wife, give maiden name	,	ST NAME	BIRTHE	DATE	DATE & P	LACE (	OF MAI	RRIAGE	DATE A	AND PLACE OF T	ERMINATI	ON OF MARRI	AGE		
APPLICANT'S RESIDENCE LAST FIVE	YEARS, LIS							•		FRO	1	TC			
STREET AND NUMBER		C	ITY	PRO	VINCE OR S	STATE		COUNT	RY	MONTH	YEAR	R MONTH YEA			
												PRESENT	TIME		
APPLICANT'S LAST ADDRESS OUTSI	DE THE UNI	TED STATE:	S OF MOR	E THAN	ONE YEA	.R				FRO	M	TC	)		
STREET AND NUMBER			ITY		VINCE OR S			COUNT	TRY	MONTH	YEAR	MONTH	YEAR		
APPLICANT'S EMPLOYMENT LAST FIT	,	IF NONE, SO	O STATE.)	LIST PF	RESENT E	MPLO		IT FIRST IPATION (SPI	ECIEV)	FROM	// YEAR	TO MONTH YEAR			
FOLL NAME AND ADDRESS OF EMPLOTE	K						0000	JEATION (SEI	ECIFT)	WONTH	TEAR	PRESEN*			
Show below last occupation abroad	if not shown	above. (Incl	ude all info	ormation	requested	above	e.)								
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THIS FORM IS SUBMITTED IN CONNECTION  NATURALIZATION  STATU  OTHER (SPECIFY):	N WITH APPLIC JS AS PERMAN			SIGNATU	RE OF APPI	LICANT	Г				DA	TE			
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Are all copies legible?  PENALTIES: SEVERE PEN		POVIDED BY	/ LAW FOR I	(NIO)M/INIC			VEAL	SIEVING OR	CONCEA	LINC A MATERIA	N EACT				
PENALTIES: SEVERE PEN															
APPLICANT:		SURE TO BOX OL								ATION NU	MBER	IN			
COMPLETE THIS BOX (Family Name)		en name)	) I LINE		lle name)	ВО	NDL			ation number)					
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## FORM G-325A **BIOGRAPHIC INFORMATION**

OMB No. 1115-0066 Approval expires 4-30-85

Immigration and Naturalization Service

Form G-325 A (Rev. 10-1-82)

(Family name)	illy name) (First name) (Middle nar					□MALE □FEMALE	BIRTHDA	TE (MoDay-Yr	r.) NATIONALITY			FILE NUMBER		
ALL OTHER NAMES USED		CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO. (If any)												
	FAMILY NAME	T NAME	DATE, CIT	TY AND (	COUNTRY OF	BIRTH (If	known)	CITY A	ND COUNTRY	OF RESIDE	SIDENCE			
FATHER MOTHER (Maiden name)														
HUSBAND(If none, so state) OR WIFE	FIRST NAME	AME BIRTHDATE CITY & COUNTRY OF B					DATE OF MAR	RIAGE	PLACE OF MARRIAGE					
FORMER HUSBANDS OR V	VIVES (If none, so state)			ı	ļ	1			ī.					
FAMILY NAME (For wife, g	BIRTHE	RTHDATE DATE & PLACE OF MARRIAGE					ND PLACE OF T	ERMINATI	ON OF MARRI	AGE				
APPLICANT'S RESIDENCE	CE LAST FIVE YEAR	S, LIST I	PRESENT	ADDRESS	FIRST	-		1		FRO	М	TO		
STREET A	ND NUMBER		С	ITY	PRO	OVINCE OR ST	ATE	COUN	TRY	MONTH	YEAR	AR MONTH YEAR		
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LAPPLICANT'S LAST ADD	RESS OUTSIDE TH	E UNITE	D STATE	S OF MOR	LL MORE THAN ONE YEAR					FRO	M	TO		
STREET A	STREET AND NUMBER CITY					PROVINCE OR STATE COUNTRY				MONTH	YEAR	MONTH	YEAR	
		ARS. (IF	NONE, S	O STATE.)	.) LIST PRESENT EMPLOYMENT FIRST					FROM		ТО		
FULL NAME AND ADDRESS	S OF EMPLOYER						OCC	CUPATION (SP	ECIFY)	MONTH	YEAR	MONTH PRESEN	YEAR	
												PRESEN	I IIVIE	
<u> </u>			· · ·											
Show below last occu	pation abroad if not s	hown at	ove. (Incl	ude all info	ormatioi	n requested a	bove.)					1		
THIS FORM IS SUBMITTED	IN CONNECTION WITH	APPLICA	TION FOR:	1 :	SIGNATI	JRE OF APPLI	CANT				DA	<u> </u> TE		
NATURALIZATION	STATUS AS P				0.0.0.	5.1.2 G1 7.1 1 E.	0,				57.			
OTHER (SPECIFY):														
Are all copies legib	ole? X Yes			If	your nat	ive alphabet is	other thar	n roman letters,	write your	name in your na	tive alphab	et here:		
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FENALIIE	S. SEVERE PENALTIES	AKE PKI	JVIDED 61			GLT AND WILL	.FULL1 F/	ALSIF TING OR	CONCEA	LING A WATERI	AL FACT.			
APPLICA	NT •							LIEN REG ER BELO		TION NU	MBER	IN		
COMPLETE THIS BOX (Far		(Given		TLINE		dle name)	BOKD			tion number)				
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